



Your business  
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
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June 30, 2016

**Via Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2016 ETC Annual Report of Ben Lomand Rural Telephone Cooperative, Inc.  
Study Area Code 290553**

Dear Ms. Dortch:

On behalf of Ben Lomand Rural Telephone Cooperative, Inc. ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the Company's Five-Year Service Quality Improvement Plan Progress Report required by Section 54.313.<sup>3</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313.



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June 30, 2016

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2016 ETC Annual Report of Ben Lomand Rural Telephone Cooperative, Inc.  
Study Area Code 290553  
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. (“JSI”), on behalf of its client Ben Lomand Rural Telephone Cooperative, Inc. (the “Company”) hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission’s rules,<sup>1</sup> withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is an attachment to the Company’s annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).<sup>3</sup>
2. Pursuant to Section 54.313, Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan (“Progress Report”) which is contained in the attachment to the 2016 Report.<sup>4</sup>
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Progress Report provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

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<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>4</sup> 47 C.F.R. §§ 54.313.

Echelon Building II, Suite 200  
9430 Research Blvd., Austin, TX 78759  
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310  
1380 Corporate Center Curve, Eagan, MN 55121  
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road  
Bldg. B-3, Suite 200, Atlanta, GA 30328  
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane  
Bountiful, UT 84010  
phone: 801-294-4576, fax: 801-294-5124

4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its *March 5, 2013 Order*, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories."<sup>5</sup> The Company's Progress Report updates this information as well as provides maps and detailed information as to whether or not network improvement objectives were achieved at the wire center level. Accordingly, because the Company is a rate-of-return carrier, it must file Progress Reports which contain proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing

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<sup>5</sup> See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) ("*March 5, 2013 Order*") at para 9 citing Section 54.202(a) (1) (ii).

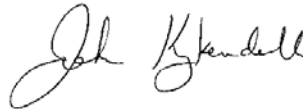
the attachment under seal. The Company uses the information contained in the Progress Report to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Progress Report provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form****REDACTED FOR PUBLIC INSPECTION**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Lisa Cope
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address: Email of the person identified in data line <030>	lkc@blomand.net
	Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no )	<input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no )	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

290553TN112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes



<b>(300) Unfulfilled Service Request Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document



(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkcc@blomand.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

<b>(500) Compliance With Service Quality Standards and Consumer Protection Rules</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext. 2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
290553TN510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

<b>(600) Functionality in Emergency Situations Data Collection Form</b>	<b>REDACTED FOR PUBLIC INSPECTION</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	290553TN610.pdf



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<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lk@blomand.net

[illegible]

## FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<810>	Reporting Carrier	Ben Lomand Rural Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Ben Lomand Rural Telephone Cooperative, Inc.

[illegible]

<b>(900) Tribal Lands Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	290553
<015> Study Area Name	BEN LOMAND RURAL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035> Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext. 2001
<039> Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 290553TN1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**

**Lifeline**

**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290553
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

290553TN1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.benlomandconnect.com/local-long-distance/local-service-pricing>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkco@blomand.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)






Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

**(2000) Price Cap Carrier Additional Documentation (Continued)**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing  
Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

<010>	Study Area Code	290553
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	Milestone Certification Letter (3010 upload).docx
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	290553TN3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or		<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

REDACTED FOR PUBLIC INSPECTION

**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext. 2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<b>(4005) Rural Broadband Experiment Additional Documentation</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

**If yes to 4003A, please provide a response for 4003B.**

<b>4003b.</b> Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
---	--	--

**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

<b>4004a.</b> Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
--	--	--

<b>4004b.</b> Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	290553
<015> Study Area Name	BEN LOMAND RURAL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035> Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039> Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BEN LOMAND RURAL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2016
Printed name of Authorized Officer: Lisa Cope	
Title or position of Authorized Officer: Interim GM / CEO	
Telephone number of Authorized Officer: 9316684131 ext.2001	
Study Area Code of Reporting Carrier: 290553	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	290553
<015> Study Area Name	BEN LOMAND RURAL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035> Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext. 2001
<039> Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date: 06/29/2016
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

REDACTED FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 112**

**Five-Year Network Improvement Plan and  
Progress Report**

**ATTACHMENT REDACTED IN ENTIRETY**

Ben Lomand Rural Telephone Cooperative, Inc.

Line 510

**Ben Lomand Rural Telephone Cooperative, Inc.’s demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

As a Cooperative, and in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives, Ben Lomand Rural Telephone Cooperative, Inc. (“Ben Lomand”) is not governed by the rules of the Tennessee Regulatory Authority (“TRA”) for service quality standards and consumer protection rules. However, Ben Lomand, in the interest of protecting its own customers, has incorporated consumer protection rules comparable to those required of incumbent LECs in the State of Tennessee, allowing Ben Lomand to meet or exceed existing TRA rules. These procedures include, but are not limited to,

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customer and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy. *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

the following: (1) publishing the rates, terms, and conditions of service; (2) implementation of anti-slamming and consumer protection procedures; (3) modeling bill presentation to reflect the truth-in-billing requirements; and (4) CPNI, Red Flag Rules, and other applicable federal requirements governing the protection of customers' privacy.

Ben Lomand is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in 47 CFR § 8.3.

Ben Lomand Rural Telephone Cooperative, Inc.

Line 610

**Ben Lomand Rural Telephone Cooperative’s demonstration of ability to function in emergency situations for voice and broadband services:**

Ben Lomand Rural Telephone Cooperative, Inc. (“Ben Lomand”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R § 54.202(a)(2)<sup>1</sup>. Ben Lomand’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). Ben Lomand can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Ben Lomand to manage traffic spikes throughout its network, as emergency situations require. In addition, Ben Lomand has redundancy for connectivity purposes *via* additional routes and electronic equipment for voice and broadband services.

As a cooperative, Ben Lomand is in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives, Ben Lomand is not governed by the Rules of the Tennessee Regulatory Authority (“TRA”), Chapter 1220-4-2-.23 Emergency Operation. However, in compliance with Federal emergency situation rules, Ben Lomand’s central offices have adequate provisions for emergency power, a condition allowing them to meet or exceed existing TRA rules for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to remain operational until power is restored so long as fuel is available, or until system changes are

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

made to reroute traffic. Ben Lomand has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all central office locations. They will continue to run as long as Ben Lomand has access to fuel.

REDACTED FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 290553

<015>	Study Area Name	BEN LOMAND RURAL
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<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Lisa Cope

<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
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<039> Contact Email Address - Email Address of person identified in data line <030> 1kc@blomand.net

1/1/2016

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<703>

[illegible]



REDACTED FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	TN	All - Fiber	34.95	0.0	34.95	4.0	1.0	999999.0	Other, no limit on usage allowance
	TN	All - Fiber	49.95	0.0	49.95	50.0	10.0	999999.0	Other, no limit on usage allowance
	TN	All - Fiber	74.95	0.0	74.95	100.0	20.0	999999.0	Other, no limit on usage allowance
	TN	All - Fiber	99.95	0.0	99.95	100.0	100.0	999999.0	Other, no limit on usage allowance
	TN	All - Fiber	119.95	0.0	119.95	1000.0	100.0	999999.0	Other, no limit on usage allowance
	TN	All - Fiber	249.95	0.0	249.95	1000.0	1000.0	999999.0	Other, no limit on usage allowance
	TN	All - Copper	44.95	0.0	44.95	5.0	1.0	999999.0	Other, no limit on usage allowance
	TN	All - Copper	49.95	0.0	49.95	10.0	1.0	999999.0	Other, no limit on usage allowance
	TN	All - Copper	59.95	0.0	59.95	15.0	1.0	999999.0	Other, no limit on usage allowance
	TN	All - Copper	74.95	0.0	74.95	20.0	1.0	999999.0	Other, no limit on usage allowance

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	290553
<015>	Study Area Name	BEN LOMAND RURAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<810>	Reporting Carrier	Ben Lomand Rural Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Ben Lomand Rural Telephone Cooperative, Inc.

[illegible]

**Ben Lomand Rural Telephone Cooperative, Inc. (SAC 290553)**

**Response to Line 1010 – Description of Voice Services Rate Comparability**

**(47 CFR §54.313(a)(10))**

Ben Lomand Rural Telephone Cooperative, Inc. hereby certifies that the pricing of Ben Lomand's voice services plus federal Subscriber Line Charge (SLC) does not exceed the reasonable comparability benchmark as determined by the FCC through their most recent survey. Additionally, Ben Lomand's voice service rate is no more than two standard deviations above the applicable national average urban rate, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.



**Lifeline Application**

Name: (Please print) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: (No P.O. Boxes) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing address: (if different than above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this address ☐ Permanent ☐ Temporary ☐ Multi-Household Number of people in your household \_\_\_\_\_ DHHR Case #. \_\_\_\_\_

Telephone Provider \_\_\_\_\_

Tel. # (MUST be in your name) (\_\_\_\_\_) \_\_\_\_\_ Tel. # where you can be reached (\_\_\_\_\_) \_\_\_\_\_

1. I am currently participating in the following program(s): *Check all that apply.* For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document. **\*NOTE: DO NOT SEND ORIGINAL DOCUMENTS - ORIGINALS WILL NOT BE RETURNED**

- |  |  |
|--|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)*                       | <input type="checkbox"/> Medicaid*   |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8)*                        | <input type="checkbox"/> Supplemental Security Income (SSI)*                 |
| <input type="checkbox"/> National School Lunch Program's free lunch program*                   | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)* |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) formerly Foodstamps* | <input type="checkbox"/> Other income-related Federal or State program *     |

\*If the proof that you are sending is not in your name, you MUST fill out the statement below.

☐ I CERTIFY THAT \_\_\_\_\_ (name on proof) IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE BENEFITS.

OR 2. ☐ I do not participate in any programs listed in #1 above but my monthly household income is at or below the Federal Poverty Guidelines of \$1,324.00 for a 1 person household, \$1,792.00 for a 2 persons, \$2,260.00 for 3 persons, \$2,728.00 for 4 persons, \$3,196.00 for 5 persons and \$468.00 for each additional person For verification, please provide proof of income for each source.

**NOTE: DO NOT SEND ORIGINAL DOCUMENTS - ORIGINALS WILL NOT BE RETURNED.**

3. To be completed by ALL customers regardless of your selections in Sections 1 & 2.

**I certify under penalty of perjury: Initial by each Certification line below:**

- \_\_\_\_ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.
- \_\_\_\_ (2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above.
- \_\_\_\_ (3) I understand that my household can only have one Lifeline-supported telephone service. Telecommunications provider has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
- \_\_\_\_ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
- \_\_\_\_ (5) I understand that my Telecommunications provider lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.
- \_\_\_\_ (6) I will notify Telecommunications provider within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Telecommunications provider. Specifically, I will notify Telecommunications provider if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service, or 3) I no longer satisfy the criteria for receiving Lifeline support.
- \_\_\_\_ (7) I will notify Telecommunications provider within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Telecommunications provider every 90 days. If I fail to respond to Telecommunications provider address verification attempts within 30 days, my Lifeline service may be terminated.
- \_\_\_\_ (8) Telecommunications provider has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Telecommunications provider Lifeline service will be terminated.
- \_\_\_\_ (9) I authorize and understand that Telecommunications provider may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number.
- \_\_\_\_ (10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
- \_\_\_\_ (11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.
- \_\_\_\_ (12) I have provided documentation of eligibility along with this application.

Applicant Signature \_\_\_\_\_ Date of Birth (xx/xx/xxxx) \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Date \_\_\_\_\_

Ethnic Background (Optional): This information is for statistical purposes only.

☐ African-American (Black) ☐ American Indian ☐ Caucasian (White) ☐ Hispanic ☐ Other

Do not write below this line \_\_\_\_\_

Approved ☐ Denied ☐ Lifeline Total Gross Income \$ \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_



Telephone: 931-668-4131  
311 N Chancery St P O Box 670

Website: [www.blomand.net](http://www.blomand.net)  
McMinnville, TN 37111-0670

November 1, 2014

**Attn: Current Lifeline Assistance Participant**

Our records indicate you currently receive the "Lifeline Assistance" credit on your Ben Lomand Connect monthly telephone bill.

The Tennessee Regulatory Authority (TRA) requires that all recipients of "Lifeline Assistance" re-qualify twice a year. To re-qualify, you must furnish us with proof of your eligibility by presenting one of the following ~~dated within the past two weeks~~:

1. **Food Stamps** A current printout from Department of Human Services stating you are on the program.
2. **LIHEAP** Low Income Home Energy Assistance. Proper documentation showing you currently qualify for this assistance from your electric company
3. **Medicaid** A current printout from Department of Human Services stating you participate in the program.
4. **NSL** National School Lunch Program. Printout from school stating your child or children participate in program.
5. **SSI** Supplementary Security Income. A letter from the Social Security Administration stating that you are a current SSI fund recipient.
6. **TANF** Temporary Assistance for Needy Families. Proper documentation showing you currently qualify for this assistance from Department of Human Services.

In order to continue receiving the "Lifeline Assistance" credit, *we must receive your proof of eligibility by November 1, 2014.* If proof of eligibility is not received by this date, the credit will be removed from the **December 1, 2014** bill.

If you do not qualify for "Lifeline Assistance" under any of the six guidelines listed above, you may qualify by your income. To find out if you qualify, call the TRA @ 1-800-342-8359 ext 158.

Please fill out the short form enclosed and mail it along with your proof of eligibility to:

Ben Lomand Connect  
311 N Chancery St  
McMinnville, TN 37110

To re-qualify in person, please stop by our office between the hours of 8:00 to 5:00 pm on Monday thru Friday. Our office locations are:

311 N Chancery St  
McMinnville, TN 37110  
Ph 931-668-4131

or

502 Ben Lomand Dr  
Sparta, TN 38583  
Ph 931-738-2201

or

43 Main St  
Tracy City, TN 37387  
Ph 931-592-2121

If you have questions, feel free to call our office.

Sincerely,  
Avalyn Lacy

REDACTED FOR PUBLIC INSPECTION  
To Whom It May Concern

I presently receive the following benefits in my name. My telephone service is also in my name.

**To insure your privacy, all proof of benefit documentation will be shredded.**

_____	Food Stamps	
_____	LIHEP	Low Income Home Energy Assistance
_____	Medicaid	as provided under TennCare
_____	NSL	National School Lunch Program
_____	SSI	Supplemental Security Income
_____	TANF	Temporary Assistance for Needy Families

To qualify by low income, call the TRA@ 1-800-342-8359 ext 158 for more information.

**Are you currently receiving lifeline benefits from another phone company? (landline or cellular)**

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Company \_\_\_\_\_

I would like to apply for Lifeline Assistance for my telephone number at address:

\_\_\_\_\_  
\_\_\_\_\_

Area Code \_\_\_\_\_

\*\*Telephone number \_\_\_\_\_

\*\*Date of Birth \_\_\_\_\_

\*\*Social Security # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Benefits verified by \_\_\_\_\_

Ben Lomand Connect Rep.

\_\_\_\_\_

Date

**\*\*Required fields**





# Do you need help

*paying for*  
**Telephone  
Service?**



You are  
eligible to enroll  
in the Lifeline program  
if you participate in  
one of the following:

## **Tennessee criteria:**

- Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- Free Lunch Program

OR live in Section 8 federal housing.  
*(Section 8 only. HUD and other federal  
programs may not automatically qualify).*

### **What is the Lifeline Program?**

Established by the FCC to ensure that telephone service is available and affordable for low income telephone subscribers. Administered by the TN Regulatory Authority, the Lifeline program reduces the monthly local service portion of your telephone bill.

Lifeline does not assist with the long distance portion of your bill or with special features such as Caller ID or Call Waiting.



### **Two Ways to Apply for Lifeline:**

If you receive one of any of the available public assistance programs (see list on front), call Ben Lomand Connect to provide you with an application.

**OR**

If you "DO NOT" receive public assistance, you may qualify if your total household gross monthly income is equal or less than the amounts found in the Gross Monthly Income table on the TRA website at [www.tn.gov/tra/consumerfiles/teleassist.shtml](http://www.tn.gov/tra/consumerfiles/teleassist.shtml)

**Tennessee Regulatory Authority  
Consumer Services Division  
460 James Robertson Parkway  
Nashville, TN 37243-0505  
1-800-342-8359 (voice)  
1-888-276-0677 (TTY)  
615-741-8953 (fax)**



800.974.7779 • [www.blomand.net](http://www.blomand.net)



## Local Service & Pricing

### [SERVICES FOR CITY OF MANCHESTER, CITY OF MCMINNVILLE, AND CITY OF SPARTA CUSTOMERS](#)

Residential Installation Charge: \$20.00 (one time)  
 Premise Visit: \$35.00 (one time)  
 Service Connection Charge:

Residential Coop Membership Fee: \$10.00 (one time)

Capital Credit Information

Residential Basic Phone Line: \$14.00\* (monthly)

Explanation of Your Telephone Bill

Inside Wire Maintenance (optional): \$2.00 (monthly)

Explanation of Inside Wire Maintenance

[Learn More →](#)

Access Recovery Charge  
 Ben Lomand Connect customers  
 will see the Access Recovery  
 Charge added to their phone bill.

[Learn more . . .](#)

Do you need help paying your  
 telephone service?  
 Click on the link below to learn if  
 you are eligible to enroll in the  
 Lifeline program.

[Learn more . . .](#)

\*Additional charges apply, please see "Explanation of Your Telephone Bill."

#### [Support & Service](#)

Customer service and tech support for Internet, Phone and TV service.

#### [Online Billing](#)

Go paperless - view and pay your bill online.

#### [Ben Lomand Connect Stores](#)

Pay your bill, learn about our services, get questions answered and more.

#### [Online Yellow Pages](#)

Local search made simple – find local businesses phone numbers and addresses online.



## Long Distance Plans & Pricing

### INTERNATIONAL ACCESS NUMBERS

#### SERVICES FOR CITY OF MANCHESTER, MCMINNVILLE AND SPARTA CUSTOMERS

#### Unlimited Long Distance Plan      \$39.95 per month

Talk as long as you want, whenever you want in the United States  
 Direct dial – anywhere in domestic USA  
 Local, one-touch customer care  
 One-bill convenience

#### 1200 Nationwide Plan      \$39.95 per month

1200 minutes per month – anywhere within the United States  
 Additional minutes over plan: 10cents per minute

#### 600 Nationwide plan      \$21.95 per month

600 minutes per month – anywhere within the United States  
 Additional minutes over plan: 10cents per minute

#### 7 Cent Plan      \$5.95 per month

Direct Dial – 7cents per minute anytime, anywhere within the United States

#### 10 Cent In / Out Plan      No monthly fee

Direct Dial – 10cents per minute anytime, anywhere within the United States

#### Community Calling Plan      Included / No monthly fee

Automatically save 50% on all direct dial, long distance calls made within the BLTC serving area.  
 Calls must be made over Ben Lomand Connect's network. (3rd party calls, collect calls, calling card calls, operator assisted calls, and pay station calls are excluded.)  
 No need to call to sign up – if you are our customer, you automatically have the plan!

#### Boro Plan      \$5.00 per month

The "Boro Plan" is a calling plan provided to the Beech Grove service

subscribers for unlimited calling TO **REDACTED FOR PUBLIC INSPECTION**

Murfreesboro Exchanges: 217, 494, 848, 849, 867, 890, 893, 895, 896, 898, 904, 907

All you need to do is dial the 7 digit number.

If you are a Beech Grove customer that needs to call Murfreesboro on a regular basis, this could save you lots of money

The "Boro" Plan applies to calls billed by Ben Lomand Connect only

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#### Choo Choo Plan

**\$5.00 per month**

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The "Choo Choo Plan" is a calling plan provided to Marion County subscribers for calling TO Chattanooga.

500 minutes of calling to the following Chattanooga exchanges:

208, 209, 227, 240, 242, 265, 266, 267, 269, 280, 304, 309, 315, 326, 344, 387, 395, 413, 480, 485, 488, 490, 493, 495, 499, 510, 513, 514, 517, 527, 550, 605, 616, 618, 622, 624, 629, 634, 642, 645, 667, 697, 698, 710, 718, 751, 752, 755, 756, 757, 763, 778, 785, 802, 814, 819, 821, 822, 825, 827, 842, 843, 846, 847, 855, 867, 870, 874, 875, 876, 877, 886, 892, 893, 894, 899, 902, 903, 937, 954, 987, 991

All you need to do is dial 1+ area code + the seven digit telephone number.

The "Choo Choo" Plan applies to calls billed by Ben Lomand Connect only.

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#### Sewanee Plan

**\$3.00 per month**

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The "Sewanee Plan" is for calling TO Sewanee only.

Available for customers in the 592, 779, and 924 exchanges unlimited calling to the following Sewanee exchanges:

598, 768

All you need to do is dial the seven digit telephone number.

The "Sewanee Plan" applies to calls billed by Ben Lomand Connect only.

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#### Calling Card Information

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\$0.15 per minute anytime, anywhere in the U.S.

\$0.55 per call surcharge

\$0.55 per call pay phone surcharge

**\*\* Ben Lomand Connect  
will no longer offer Long  
Distance Calling Cards as  
of February 28, 2016 \*\***

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#### Toll Free Service

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\$3.00 per month (residential)

\$5.00 per month (business)

\$0.15 per minute anytime, anywhere in the U.S. Toll free installation fees: \$10.00 (residential) and \$20.00 (business); \$0.55 per call pay phone surcharge applies. Current Universal Service Fund charges of the total interstate long distance charges will apply. Interstate toll, calling card & interstate toll free usage will be assessed the current Universal Service Fund Charge. All BLC calling plans are bill one month in advance.

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#### International Access Numbers

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**Ben Lomand Rural Telephone Cooperative, Inc. (SAC 290553)**

**Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))**

Ben Lomand Rural Telephone Cooperative, Inc. hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream is reasonable, the Company offers broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream.

REDACTED FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**